

HUD CoC APR

Annual Performance Report

Question 29

29a2. Destination by Household Type and Length of Stay (All Leavers who Stayed 90 Days or Less)

Number of Leavers in Households

Permanent Destinations

	Total	Without Children	With Children and Adults	With Only Children	Unknown HH Type
Owned by Client, no Ongoing Subsidy	0	0	0	0	0
Owned by Client, with Ongoing Subsidy	0	0	0	0	0
Rental by Client, no Ongoing subsidy	3	3	0	0	0
Rental by Client, with VASH Subsidy	0	0	0	0	0
Rental by Client, with other Ongoing Subsidy	0	0	0	0	0
PSH for Homeless Persons	0	0	0	0	0
Living with Family, Permanent Tenure	0	0	0	0	0
Living with Friends, Permanent Tenure	0	0	0	0	0
Subtotal	3	3	0	0	0

Temporary Destinations

Emergency Shelter	0	0	0	0	0
TH for Homeless Persons	0	0	0	0	0
Staying with Family, Temporary Tenure	0	0	0	0	0
Staying with Friends, Temporary Tenure	0	0	0	0	0
Place Not Meant for Human Habitation	0	0	0	0	0
Safe Haven	0	0	0	0	0
Hotel or Motel, Paid by Client	0	0	0	0	0
Subtotal	0	0	0	0	0

Institutional Settings

Foster Care	0	0	0	0	0
Psychiatric Facility	0	0	0	0	0
Substance Abuse or Detox Facility	0	0	0	0	0
Hospital (non-Psychiatric)	0	0	0	0	0
Jail or Prison	0	0	0	0	0
Subtotal	0	0	0	0	0

Other Destinations

Deceased	0	0	0	0	0
Other	0	0	0	0	0
Don't Know/Refused	0	0	0	0	0
Information Missing	0	0	0	0	0
Subtotal	0	0	0	0	0

HUD CoC APR

Annual Performance Report

Question 36

36a. Permanent Housing Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

36b. Transitional Housing Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

36c. Street Outreach Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Physical Disability			0	0	0.00%	
2b. Developmental Disability			0	0	0.00%	
2c. Chronic Health			0	0	0.00%	
2d. HIV/AIDS			0	0	0.00%	
2e. Mental Health			0	0	0.00%	
2f. Substance Abuse			0	0	0.00%	

HUD CoC APR

Annual Performance Report

Question 36

36d. Supportive Services Only (SSO) Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	
2b. Earned Income Measure			0	0	0.00%	

36e. Safe Haven Programs

Performance Measure	Exhibit 2 Target # of persons who were expected to accomplish this measure	Exhibit 2 Target % of persons who were expected to accomplish this measure	Actual # of person in the program for whom the measure is appropriate	Actual # of persons who accomplished this measure	Actual % of persons who accomplished this measure	% Difference between Exhibit 2 Target and Actual Performance
1. Housing Stability Measure			0	0	0.00%	
2a. Total Income Measure			0	0	0.00%	

HUD CoC APR

Annual Performance Report

Additional Information

User Prompt Field	Value(s) Selected
1. Select Provider Group(s):	-None Selected-
1. Select Provider(s):	Trumbull - Humility of Mary Housing - HCRP RRH(875)
2. Enter Start Date:	1/1/2013
3. Enter End Date PLUS 1 Day:	8/1/2013
4. Select Entry Type:	HUD
5. Enter Adult Age:	18
EDA Provider	Trumbull - Humility of Mary Housing - HCRP RRH(875)
Enter Effective Date	8/1/2013
Is using the Disability Determination field part of your workflow for HUD reporting?	No
Is using the Receiving Income Source field part of your workflow for HUD reporting?	Yes
Is using the Receiving Benefit field part of your workflow for HUD reporting?	Yes

Provider Reporting Information	Client Count Based on Uid	Unduplicated Count
Trumbull - Humility of Mary Housing - HCRP RRH(875)	5	5

Additional Information
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<http://www.bowmansystems.com>

Question 7 Missing Data Elements

SSN	DOB	Race	Ethnicity
Total: 0	Total: 0	Total: 0	Total: 0

Question 7 Missing Data Elements

Income at Entry	Income at Exit	Non-Cash at Entry	Non-Cash at Exit	Noncash Q 26b2
#MULTIVALUE	#MULTIVALUE	#MULTIVALUE	#MULTIVALUE	#MULTIVALUE
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0

Veteran	Disabling Condition	Type of Living Situation	ZIP	Housing Status	Disability	DV
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0	#MULTIVALUE Total: 0	Total: 0

Veteran	Disabling Condition	Type of Living Situation	ZIP	Housing Status	Disability	DV
Total: 0	Total: 0	Total: 0	Total: 0	Total: 0	#MULTIVALUE Total: 0	Total: 0

Question 8 Households

Unknown HH Type	Households with Children Only	Unaccompanied Youth
Total: 0	Total: 0	Total: 0

Question 7 Totals

All Clients	Adults	Children	Leavers	Stayers
65861	65861		65861	109191
103261	103261	Total: 0	103261	141305
109191	109191		134560	
134560	134560			Total: 2
141305	141305		Total: 3	
Total: 5	Total: 5			

Question 18a Detail

Mental Health Condition at Entry	Alcohol Abuse at Entry	Drug Abuse at Entry	Chronic Condition at Entry	HIV at Entry	Developmental Disability at Entry	Physical Disability at Entry
65861	Total: 0	Total: 0	Total: 0	Total: 0	Total: 0	103261
141305						
Total: 2						Total: 1

MEMORANDUM OF UNDERSTANDING

BETWEEN

Humility of Mary Housing/Emmanuel Center (hereby known as "Service Provider")

AND

Coleman Professional Services (hereby known as "Sponsor")

REGARDING

Ohio Department of Development Homeless Crisis Response Program (hereby known as "Project").

The Sponsor has applied for Homeless Crisis Response Program funds from the Ohio Development Services Agency (ODSA) for Region 5 and has made certain representations to ODSA regarding the provision of homeless prevention and re-housing services to very low- and low-income households/tenants. To further accomplish the goals of the Project, the Sponsor desires to enter into a sub-grantee relationship with the Service Provider in the following manner:

Service Provider will provide:

- Training for Service Provider staff
- Written policies and procedures
- HMIS data entry for all Service Provider HCRP clients
- Payment for all Service Provider HCRP client vouchers
- Reimbursement for Service Provider for case management provided for HCRP clients
- Monitoring and review of Service Provider client records for compliance
- Submission of documents to Sponsor within agreed timeline

Sponsor will act as point of contact for Region 5 HCRP providers in Ashtabula, Geauga, Lake, Portage and Trumbull Counties and will provide:

- Management and administration of the program
- Submission of request for payments to Service Provider within agreed timeline
- Assistance with outreach/marketing for the program
- Monthly submission of invoice for reimbursement from ODSA
- Ensure that all regulatory and funding requirements are met
- Provide quarterly financial reports and any other required information to Service Provider for regulatory and funding agencies
- Will coordinate and submit progress reports

It is understood that the Service Provider responsibilities as defined in this Memorandum of Understanding are contingent upon Project funding. The Project is designed to prevent individuals and families from entering homelessness and, where homelessness does occur, to provide for emergency shelter operations and to rapidly move persons from emergency shelter into permanent housing. Service Provider will maintain monthly contact with Sponsor throughout the duration of the program.

GENERAL TERMS

Terms. This Agreement will begin effective the date of January 1, 2014 and will continue through December 31, 2014. This Agreement may be terminated in accordance with the section on Termination below.

Termination. Any party may terminate this Agreement by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the parties in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

Confidentiality. All parties agree that by virtue of entering into this Agreement they will have access to certain confidential information regarding the other party's operations related to the Project. All parties agree that they will not at any time disclose confidential information and/or material without the consent of the party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. Where appropriate, client releases will be secured before confidential consumer information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

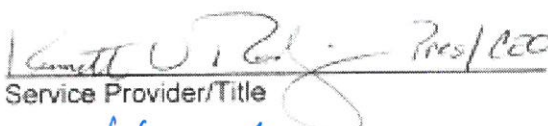
Arbitration. Should any party wish to commence an action for damages under this Agreement, it shall be required to adjudicate the dispute through binding arbitration under the rules of the American Arbitration Association or under such rules to which the parties may agree. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment there upon shall be borne equally by all parties. During the course of the arbitration and until a final settlement has been reached, this Agreement shall remain in full force and effect unless otherwise terminated as provided in this Agreement.

Nondiscrimination. Parties agree that there shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, familial status, marital status, sexual orientation, age, handicap, ancestry or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination under Project funded in whole or in part with funds made available through this MOU.

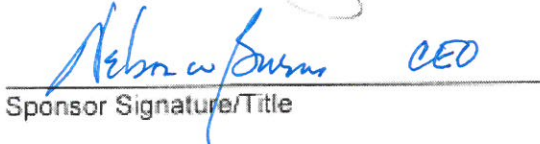
Severability. In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

Amendments. This Agreement may be amended only in writing and authorized by the designated representative of the parties.

The Parties hereto have caused this agreement to be executed this 3rd day of September, 2013.

Signed:  Pres/CEO
Service Provider/Title

Date: 9-3-2013

Signed:  CEO
Sponsor Signature/Title

Date: 9-10-2013

Trumbull County Mental Health and Recovery Board



Commissioners
Frank S. Fuda
Paul E. Heltzel
Daniel E. Polivka

TRUMBULL COUNTY COMMISSIONERS

160 HIGH STREET, N.W.
WARREN, OH 44481-1093
330-675-2451
Fax: 330-675-2462

Clerk
Paulette A. Godfrey

September 18, 2013

Mr. Jon McKay
Ohio Development Services Agency
77 South High Street, 29th Floor
Columbus, Ohio 43215

Dear Mr. McKay:

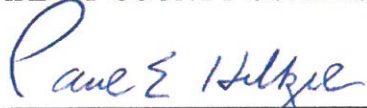
Enclosed is a copy of a resolution adopted by the Board of Trumbull County Commissioners on September 18, 2013, endorsing this Letter of Support on behalf of the Trumbull County Mental Health and Recovery Board's application for a Homeless Crisis Response Program Grant in the amount of \$83,215.00. This grant will be utilized to help provide transitional rental subsidies for homeless transition-aged youth for a one year period from January 2014 through December 2014.

The Mental Health and Recovery Board contracts with Coleman Professional Services to operate these grant funds, and the additional funding provided by this grant will help more of the Mental Health and Recovery Board's clients move from homelessness to permanent supportive housing.

On behalf of the Board of Commissioners, I respectfully request your consideration for this grant, and thank you for your anticipated cooperation in this matter.

Sincerely,

BOARD OF COUNTY COMMISSIONERS



Paul E. Heltzel, President

/kat

Enclosure



Commissioners
Frank S. Fuda
Paul E. Heltzel
Daniel E. Polivka

TRUMBULL COUNTY COMMISSIONERS

160 HIGH STREET, N.W.
WARREN, OH 44481-1093
330-675-2451
Fax: 330-675-2462

Clerk
Paulette A. Godfrey

September 18, 2013

The following action was taken by the Board of Trumbull County Commissioners on September 18, 2013, and duly recorded in their Journal Volume 140, page 17744.

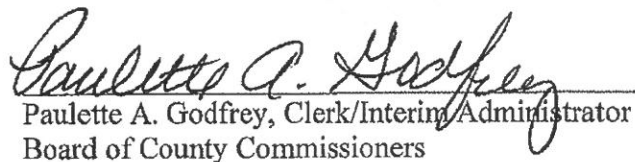
**RE: EXECUTE 'LETTER OF SUPPORT' FOR
MENTAL HEALTH AND RECOVERY BOARD'S
APPLICATION FOR HOMELESS CRISIS
RESPONSE PROGRAM GRANT**

MOTION: Made by Mr. Fuda, seconded by Mr. Polivka, to authorize Paul E. Heltzel, President of the Board of Commissioners, to execute a 'Letter of Support' to Mr. Jon McKay of the Ohio Development Services Agency, for the Mental Health and Recovery Board's application for an \$83,215.00 Homeless Crisis Response Program Grant. The grant will be utilized to help provide transitional rental subsidies for homeless transition-aged youth. The grant request is for a one year period from January 2014 through December 2014; this action per the recommendation of April J. Caraway, Executive Director of the Trumbull County Mental Health and Recovery Board.

Yeas: Fuda, Polivka, Heltzel
Nays: None

CERTIFICATION

I, Paulette A. Godfrey, Clerk of the Board of County Commissioners, Trumbull County, Ohio, do hereby certify that the foregoing is a true and correct copy of a Resolution adopted by the Board of Trumbull County Commissioners on September 18, 2013, and is duly recorded in Journal Volume 140, page 17744.


Paulette A. Godfrey, Clerk/Interim Administrator
Board of County Commissioners

/kat

cc: Mental Health & Recovery Board

HUD Annual Performance Report (HUD-40118)

Reporting Group:
Provider:

 Trumbull County Lifelines - Transitional Youth - TH
(549)

This provider AND its subordinates

 • This provider ONLY
Use client unique id for duplicate checks: No

Operating Year Date Range: 7/1/2012 - 6/30/2013

Legal Adult Age: 18

Use pre-HPRP logic:

No

2. Persons Served during the operating year.	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a. Number on the first day of the operating year.	14	0	0	0
b. Number entering program during the operating year.	4	0	0	0
c. Number who left the program during the operating year.	0	0	0	0
d. Number in the program on the last day of the operating year. (a+b-c=d)	18	0	0	0
3. Project Capacity.	Number of Singles Not in Families	Number of Adults in Families	Number of Children in Families	Number of Families
a. Number on last day (from 2d, columns 1 and 4)	18			0
4. Non-homeless persons. (Sec. 8 SRO projects only)				
How many income-eligible non-homeless persons were housed by the SRO program during the operating year?				0
5. Age and Gender. Of those who entered during the operating year, how many people are in the following age and gender categories?				
	Age	Male	Female	Other/Not given
Single Persons (from 2b, column 1)	a. 62 and over	0	0	0
	b. 51 - 61	0	0	0
	c. 31 - 50	0	0	0
	d. 18 - 30	2	2	0
	e. 17 and under	0	0	0
	Not given	0	0	0
Persons in Families (from 2b, columns 2 & 3)	f. 62 and over	0	0	0
	g. 51 - 61	0	0	0
	h. 31 - 50	0	0	0
	i. 18 - 30	0	0	0
	j. 13 - 17	0	0	0
	k. 6 - 12	0	0	0
	l. 1 - 5	0	0	0
	m. Under 1	0	0	0

	Not given	0	0	0
6 - 10. Participants who entered during the operating year.				
6a. Veterans Status.				
A veteran is anyone who has ever been on active military duty status.				0
6b. Chronically Homeless.				
How many participants were chronically homeless individuals?				0
7. Ethnicity.				
a. Hispanic or Latino				0
b. Non-Hispanic or Non-Latino				4
8. Race.				
a. American Indian or Alaskan Native				0
b. Asian				0
c. Black or African American				2
d. Native Hawaiian or Other Pacific Islander				0
e. White				2
f. American Indian/Alaskan Native & White				0
g. Asian & White				0
h. Black/African American & White				0
i. American Indian/Alaskan Native & Black/African American				0
j. Other Multi-Racial				0
k. Other/Unknown (all that do not match)				0
9a. Special Needs.				
	All	Chronic		
a. Mental illness	4	0		
b. Alcohol abuse	0	0		
c. Drug abuse	1	0		
d. HIV/AIDS or related diseases	0	0		
e. Developmental disability	0	0		
f. Physical disability	0	0		
g. Domestic violence	0	0		
h. Other (please specify)	0	0		
9b. Disabled.				
How many of the participants are disabled?				4
10. Prior Living Situation. Participants slept in the following places the week prior to entering.				
	All	Chronic		
a. Non-housing (street, park, car, bus station, etc.)	2	0		
b. Emergency shelter	1	0		
c. Transitional housing for homeless persons	0			
d. Psychiatric facility	0			
e. Substance abuse treatment facility	0			
f. Hospital	0			
g. Jail/prison	0			
h. Domestic violence situation	0			
i. Living with relatives/friends	1			
j. Rental housing	0			
k. Other (please specify)	0			

11. Amount and Source of Monthly Income at Entry and Exit. Participants who left during the operating year.				
Amount	A. Monthly Income at Entry		B. Monthly Income at Exit	
	All	Chronic	All	Chronic
a. No Income	0	0	0	0
b. \$1-150	0	0	0	0
c. \$151 - \$250	0	0	0	0
d. \$251 - \$500	0	0	0	0
e. \$501 - \$1000	0	0	0	0
f. \$1001 - \$1500	0	0	0	0
g. \$1501 - \$2000	0	0	0	0
h. \$2000 +	0	0	0	0
Source	C. Income Sources at Entry		D. Income Sources at Exit	
	All	Chronic	All	Chronic
a. Supplemental Security Income (SSI)	0	0	0	0
b. Social Security Disability Insurance (SSDI)	0	0	0	0
c. Social Security	0	0	0	0
d. General Public Assistance	0	0	0	0
e. Temporary Aid to Needy Families (TANF)	0	0	0	0
f. State Children's Health Insurance Program (SCHIP)	0	0	0	0
g. Veterans benefits	0	0	0	0
h. Employment Income	0	0	0	0
i. Unemployment Benefits	0	0	0	0
j. Veteran's Health Care	0	0	0	0
k. Medicaid	0	0	0	0
l. Food Stamps	0	0	0	0
m. Other (please specify)	0	0	0	0
n. No financial resources	0	0	0	0
12a. Length of Stay in Program. Participants who left during the operating year.				
	All	Chronic		
a. Less than 1 month	0	0		
b. 1 to 2 months	0	0		
c. 3 - 6 months	0	0		
d. 7 months - 12 months	0	0		
e. 13 months - 24 months	0	0		
f. 25 months - 3 years	0	0		
g. 4 years - 5 years	0	0		
h. 6 years - 7 years	0	0		
i. 8 years - 10 years	0	0		
j. over 10 years	0	0		
12b. Length of Stay in Program. Participants who did not leave during the operating year.				
	All	Chronic		
a. Less than 1 month	0	0		
b. 1 to 2 months	0	0		
c. 3 - 6 months	0	0		
d. 7 months - 12 months	4	0		
e. 13 months - 24 months	5	0		

f. 25 months - 3 years	7	0
g. 4 years - 5 years	2	0
h. 6 years - 7 years	0	0
i. 8 years - 10 years	0	0
j. over 10 years	0	0

13. Reasons for Leaving. Participants who left during the operating year.

	All	Chronic
a. Left for a housing opportunity before completing program	0	0
b. Completed program	0	0
c. Non-payment of rent/occupancy charge	0	0
d. Non-compliance with project	0	0
e. Criminal activity / destruction of property / violence	0	0
f. Reached maximum time allowed in project	0	0
g. Needs could not be met by project	0	0
h. Disagreement with rules/persons	0	0
i. Death	0	0
j. Other (please specify)	0	0
k. Unknown/disappeared	0	0

14. Destination. Participants who left during the operating year.

	All	Chronic
PERMANENT (a - h)		
a. Rental house or apartment (no subsidy)	0	0
b. Public Housing	0	0
c. Section 8	0	0
d. Shelter Plus Care	0	0
e. HOME subsidized house or apartment	0	0
f. Other subsidized house or apartment	0	0
g. Homeownership	0	0
h. Moved in with family or friends	0	0
TRANSITIONAL (i - j)		
i. Transitional housing for homeless persons	0	0
j. Moved in with family or friends	0	0
INSTITUTION (k - m)		
k. Psychiatric hospital	0	0
l. Inpatient alcohol/drug treatment facility	0	0
m. Jail/prison	0	0
EMERGENCY SHELTER (n)		
n. Emergency shelter	0	0
OTHER (o - q)		
o. Other supportive housing	0	0
p. Places not meant for human habitation (e.g. street)	0	0
q. Other (please specify)	0	0
UNKNOWN		
r. Unknown	0	0

15. Supportive Services. Participants who left during the operating year.

NOTE: The below services were given to participants who left during the operating year. Add the following counts into the appropriate category for question 15.

Service	Service Code	All	Chronic
No supportive services found.			

Bed Utilization Report

Please refer to the guidance for this report called Ohio Balance of State Bed Utilization and the AHAR for help with this report.

Trumbull County Lifelines - Transitional Youth - TH(549)

PIT Dates	Bed Count	Client Count	Utilization
6/1/2012	10	14	140%
7/1/2012	10	14	140%
8/1/2012	10	15	150%
9/1/2012	10	15	150%
10/1/2012	10	18	180%
11/1/2012	10	18	180%
12/1/2012	10	18	180%
1/1/2013	10	18	180%
2/1/2013	10	18	180%
3/1/2013	10	18	180%
4/1/2013	10	18	180%
5/1/2013	10	18	180%

Trumbull County Lifelines - Transitional Youth - TH(549)

Bed Count	Client Count	Utilization
10	14	140%

Client Count Detail		
Client ID	Entry Date	Exit Date
56018	03/11/2009	
62192	02/20/2009	
103667	08/01/2009	
103668	09/08/2009	
103669	11/19/2009	
103670	08/20/2009	
103671	11/01/2009	
103672	03/11/2011	
103673	03/17/2011	
112591	07/01/2011	
133381	04/20/2012	
133383	04/30/2012	
133384	12/12/2011	
133390	05/02/2012	
Client Count:		14

Trumbull County Lifelines - Transitional Youth - TH(549)

Bed Count	Client Count	Utilization
10	14	140%

Client Detail		
Client ID	Entry Date	Exit Date
56018	03/11/2009	
62192	02/20/2009	
103667	08/01/2009	
103668	09/08/2009	
103669	11/19/2009	
103670	08/20/2009	
103671	11/01/2009	
103672	03/11/2011	
103673	03/17/2011	
112591	07/01/2011	
133381	04/20/2012	
133383	04/30/2012	
133384	12/12/2011	
133390	05/02/2012	
Client Count:		14

Trumbull County Lifelines - Transitional Youth - TH(549)

Bed Count	Client Count	Utilization
10	15	150%

Client Detail		
Client ID	Entry Date	Exit Date
56018	03/11/2009	
62192	02/20/2009	
103667	08/01/2009	
103668	09/08/2009	
103669	11/19/2009	
103670	08/20/2009	
103671	11/01/2009	
103672	03/11/2011	
103673	03/17/2011	
112591	07/01/2011	
133381	04/20/2012	
133383	04/30/2012	
133384	12/12/2011	
133388	07/16/2012	
133390	05/02/2012	
Client Count:		15

Trumbull County Lifelines - Transitional Youth - TH(549)

Bed Count	Client Count	Utilization
10	15	150%

Client Detail		
Client ID	Entry Date	Exit Date
56018	03/11/2009	
62192	02/20/2009	
103667	08/01/2009	
103668	09/08/2009	
103669	11/19/2009	
103670	08/20/2009	
103671	11/01/2009	
103672	03/11/2011	
103673	03/17/2011	
112591	07/01/2011	
133381	04/20/2012	
133383	04/30/2012	
133384	12/12/2011	
133388	07/16/2012	
133390	05/02/2012	
Client Count:		15

Trumbull County Lifelines - Transitional Youth - TH(549)

Bed Count	Client Count	Utilization
10	18	180%

Client Detail		
Client ID	Entry Date	Exit Date
56018	03/11/2009	
62192	02/20/2009	
103667	08/01/2009	
103668	09/08/2009	
103669	11/19/2009	
103670	08/20/2009	
103671	11/01/2009	
103672	03/11/2011	
103673	03/17/2011	
112591	07/01/2011	
133381	04/20/2012	
133383	04/30/2012	
133384	12/12/2011	
133386	09/26/2012	
133387	09/17/2012	
133388	07/16/2012	
133389	09/04/2012	
133390	05/02/2012	
Client Count:		18

Trumbull County Lifelines - Transitional Youth - TH(549)

Bed Count	Client Count	Utilization
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Client ID	Entry Date	Exit Date
56018	03/11/2009	
62192	02/20/2009	
103667	08/01/2009	
103668	09/08/2009	
103669	11/19/2009	
103670	08/20/2009	
103671	11/01/2009	
103672	03/11/2011	
103673	03/17/2011	
112591	07/01/2011	
133381	04/20/2012	
133383	04/30/2012	
133384	12/12/2011	
133386	09/26/2012	
133387	09/17/2012	
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133389	09/04/2012	
133390	05/02/2012	
Client Count:		18

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103671	11/01/2009	
103672	03/11/2011	
103673	03/17/2011	
112591	07/01/2011	
133381	04/20/2012	
133383	04/30/2012	
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133387	09/17/2012	
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103672	03/11/2011	
103673	03/17/2011	
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133387	09/17/2012	
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103673	03/17/2011	
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133387	09/17/2012	
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133383	04/30/2012	
133384	12/12/2011	
133386	09/26/2012	
133387	09/17/2012	
133388	07/16/2012	
133389	09/04/2012	
133390	05/02/2012	

Client Count: 18

Bed Utilization Report Prompts

Provider(s) Chosen:

Trumbull County Lifelines - Transitional Youth - TH(549)

PIT Date 1	06/01/2012
PIT Date 2	07/01/2012
PIT Date 3	8/1/12
PIT Date 4	9/1/12
PIT Date 5	10/1/12
PIT Date 6	11/01/2012
PIT Date 7	12/01/2012
PIT Date 8	01/01/2013
PIT Date 9	02/01/2013
PIT Date 10	03/01/2013
PIT Date 11	04/01/2013
PIT Date 12	05/01/2013

MEMORANDUM OF UNDERSTANDING

BETWEEN

Fumbell County Mental Health & Recovery Board (hereby known as "Service Provider")

AND

Coleman Professional Services (hereby known as "Sponsor")

REGARDING

Ohio Department of Development Homeless Crisis Response Program (hereby known as "Project").

The Sponsor has applied for Homeless Crisis Response Program funds from the Ohio Development Services Agency (ODSA) for Region 5 and has made certain representations to ODSA regarding the provision of homeless prevention and re-housing services to very low- and low-income households/tenants. To further accomplish the goals of the Project, the Sponsor desires to enter into a sub-grantee relationship with the Service Provider in the following manner:

Service Provider will provide:

- Training for Service Provider staff
- Written policies and procedures
- HMIS data entry for all Service Provider HCRP clients
- Payment for all Service Provider HCRP client vouchers
- Reimbursement for Service Provider for case management provided for HCRP clients
- Monitoring and review of Service Provider client records for compliance
- Submission of documents to Sponsor within agreed timeline

Sponsor will act as point of contact for Region 5 HCRP providers in Ashtabula, Geauga, Lake, Portage and Trumbull Counties and will provide:

- Management and administration of the program
- Submission of request for payments to Service Provider within agreed timeline
- Assistance with outreach/marketing for the program
- Monthly submission of invoice for reimbursement from ODSA
- Ensure that all regulatory and funding requirements are met
- Provide quarterly financial reports and any other required information to Service Provider for regulatory and funding agencies
- Will coordinate and submit progress reports

It is understood that the Service Provider responsibilities as defined in this Memorandum of Understanding are contingent upon Project funding. The Project is designed to prevent individuals and families from entering homelessness and, where homelessness does occur, to provide for emergency shelter operations and to rapidly move persons from emergency shelter into permanent housing. Service Provider will maintain monthly contact with Sponsor throughout the duration of the program.

GENERAL TERMS

Terms. This Agreement will begin effective the date of January 1, 2014 and will continue through December 31, 2014. This Agreement may be terminated in accordance with the section on Termination below.

Termination. Any party may terminate this Agreement by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the parties in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

Confidentiality. All parties agree that by virtue of entering into this Agreement they will have access to certain confidential information regarding the other party's operations related to the Project. All parties agree that they will not at any time disclose confidential information and/or material without the consent of the party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. Where appropriate, client releases will be secured before confidential consumer information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

Arbitration. Should any party wish to commence an action for damages under this Agreement, it shall be required to adjudicate the dispute through binding arbitration under the rules of the American Arbitration Association or under such rules to which the parties may agree. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment there upon shall be borne equally by all parties. During the course of the arbitration and until a final settlement has been reached, this Agreement shall remain in full force and effect unless otherwise terminated as provided in this Agreement.

Nondiscrimination. Parties agree that there shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, familial status, marital status, sexual orientation, age, handicap, ancestry or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination under Project funded in whole or in part with funds made available through this MOU.

Severability. In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

Amendments. This Agreement may be amended only in writing and authorized by the designated representative of the parties.

The Parties hereto have caused this agreement to be executed this 10th day of September, 2013.

Signed: 
Service Provider/Title

Date: 9/10/13

Signed: 
Sponsor Signature/Title CEO

Date: 9/10/13

WomenSafe

MEMORANDUM OF UNDERSTANDING

BETWEEN

WomenSafe, Inc. (hereby known as "Service Provider")

AND

Coleman Professional Services (hereby known as "Sponsor")

REGARDING

Ohio Department of Development Homeless Crisis Response Program (hereby known as "Project").

The Sponsor has applied for Homeless Crisis Response Program funds from the Ohio Development Services Agency (ODSA) for Region 5 and has made certain representations to ODSA regarding the provision of homeless prevention and re-housing services to very low- and low-income households/tenants. To further accomplish the goals of the Project, the Sponsor desires to enter into a sub-grantee relationship with the Service Provider in the following manner:

Service Provider will provide:

- Training for Service Provider staff
- Written policies and procedures
- HMIS data entry for all Service Provider HCRP clients
- Payment for all Service Provider HCRP client vouchers
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- Submission of documents to Sponsor within agreed timeline

Sponsor will act as point of contact for Region 5 HCRP providers in Ashtabula, Geauga, Lake, Portage and Trumbull Counties and will provide:

- Management and administration of the program
- Submission of request for payments to Service Provider within agreed timeline
- Assistance with outreach/marketing for the program
- Monthly submission of invoice for reimbursement from ODSA
- Ensure that all regulatory and funding requirements are met
- Provide quarterly financial reports and any other required information to Service Provider for regulatory and funding agencies
- Will coordinate and submit progress reports

It is understood that the Service Provider responsibilities as defined in this Memorandum of Understanding are contingent upon Project funding. The Project is designed to prevent individuals and families from entering homelessness and, where homelessness does occur, to provide for emergency shelter operations and to rapidly move persons from emergency shelter into permanent housing. Service Provider will maintain monthly contact with Sponsor throughout the duration of the program.

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Termination. Any party may terminate this Agreement by giving the other parties ninety (90) days prior written notice. The party wishing to terminate this agreement for cause must provide a written intent to terminate notice to the parties in breach or default. The notice will provide thirty (30) days for the party in breach or default to respond to said notice with an acceptable plan to cure cause for termination.

Confidentiality. All parties agree that by virtue of entering into this Agreement they will have access to certain confidential information regarding the other party's operations related to the Project. All parties agree that they will not at any time disclose confidential information and/or material without the consent of the party unless such disclosure is authorized by this Agreement or required by law. Unauthorized disclosure of confidential information shall be considered a material breach of this agreement. Where appropriate, client releases will be secured before confidential consumer information is exchanged. Confidential client information will be handled with the utmost discretion and judgment.

Arbitration. Should any party wish to commence an action for damages under this Agreement, it shall be required to adjudicate the dispute through binding arbitration under the rules of the American Arbitration Association or under such rules to which the parties may agree. Any award rendered by the arbitrator shall be final and binding upon each of the parties, and judgment there upon shall be borne equally by all parties. During the course of the arbitration and until a final settlement has been reached, this Agreement shall remain in full force and effect unless otherwise terminated as provided in this Agreement.

Nondiscrimination. Parties agree that there shall be no discrimination of any person or group of persons on account of race, color, creed, religion, sex, familial status, marital status, sexual orientation, age, handicap, ancestry or national origin be excluded from participation in, be denied benefits of, or be subjected to discrimination under Project funded in whole or in part with funds made available through this MOU.

Severability. In the event any provision of this Agreement shall be found to be invalid, illegal, or unenforceable in any respect, such invalidity, illegality or unenforceability shall not affect the validity, legality and enforceability of the remainder of the Agreement.

Amendments. This Agreement may be amended only in writing and authorized by the designated representative of the parties.

The Parties hereto have caused this agreement to be executed this 6th **day of** September, 2013.

Signed: Maisha L. Jackson EXECUTIVE
Service Provider/Title DIRECTOR

Date: 9/6/13

Signed: John Burns, CEO
Sponsor Signature/Title

Date: 9/10/2013



MIKE DEWINE

★ OHIO ATTORNEY GENERAL ★

Charitable Law Section
Office 614-466-3181
Fax 614-466-9788

150 East Gay St
Columbus, OH 43215
www.OhioAttorneyGeneral.gov

Verification of Registration with the Ohio Attorney General's Office

Organization Details:

Organization Name: WomenSafe, Inc.

Employer identification number (EIN): [REDACTED]

Address line 1: 12041 Ravenna Road

Address line 2:

City: Chardon

State: Ohio

Zip: 44024-0656

County: Geauga

Country: United States

Telephone: (440)286-7154

Web address: www.womensafe.org

Date of formation: 07/04/1980

Organization type: 501(c)(3)

Charitable exempt purpose:

Is the organization's registration status current? Yes

If the answer is no, a representative of the organization should immediately log into the system to take care of the filing deficiency or contact the Ohio Attorney General's Office right away with questions.

If the answer is yes, this report serves as verification that the named organization is in compliance with its registration requirements.

The financial information below is from the organization's most recent filing within the on-line system. If the items below are blank, the organization has not yet filed information on-line or they may be exempt from filing an annual report.

Reporting Year: 2012

Report Date: 8/27/2013 03:25:00 PM

Organization Details:

Total Revenue: \$896,020.00

Total Expenses: \$940,944.00

Total Program Expenses: \$809,146.00

Percent of Total Expenses: 86%

Total Assets: \$3,004,323.00

**United States of America
State of Ohio
Office of the Secretary of State**

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show WOMENSAFE, INC., an Ohio not for profit corporation, Charter No. 558997, having its principal location in Chardon, County of Geauga, was incorporated on August 06, 1980 and is currently in GOOD STANDING upon the records of this office.



*Witness my hand and the seal of the
Secretary of State at Columbus, Ohio
this 8th day of July, A.D. 2013*

Jon Husted

Ohio Secretary of State

Validation Number: V2013189J1A663

WOMENSAFE, INC. BOARD OF TRUSTEES
 12041 RAVENNA RD., CHARDON, OHIO 44024
 PHONE: 440-286-7154 FAX: 440-286-1037
[HTTP://WWW.WOMENSAFE.ORG](http://www.womensafe.org)

NAME	HOME INFO.	WORK INFO.	E-MAIL	OFFICE TERM	BOARD TERM
Tina Salminen President	[REDACTED] Painesville, Ohio 44077 P: [REDACTED] C: [REDACTED]	Occupation: Associate Director SS&G Financial Service, Inc. Cleveland Office 32125 Solon Road. Cleveland, Ohio 44139 P: 440-394-6274 F: 440-248-0841	tsalminen@ssandg.com	2012-2013	2012-2014
Tameka Taylor Vice President	[REDACTED] Warrensville Hts., Ohio 44128 P: [REDACTED] C: [REDACTED]	Occupation: Consultant Compass Consulting Services, LLC P.O. Box 221347 Beachwood, Ohio 44122 P: 216-299-7335	Tameka@compassconsultingservices.com	2012-2013 (1 renewals)	2012-2014
Timothy Garton Secretary	[REDACTED] Chardon, Ohio 44024 P: [REDACTED] C: [REDACTED]	Occupation: realtor/Owner Remax Results 9954 Johnnycake Ridge Road Concord, Ohio 44077 P: 440-354-3334 VM: 440-975-2148 F: 440-579-0114	tgarton@remax.net	2012-2013 (1 renewals)	2013-2015
Katherine Strickland Treasurer	[REDACTED] Cleveland, Ohio 44113	Occupation: self-employed business financial consultant C: [REDACTED]	[REDACTED]	2012-2013 (2 renewals)	2012-2014

WOMENSAFE, INC. BOARD OF TRUSTEES
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NAME	HOME INFO.	WORK INFO.	E-MAIL	OFFICE TERM	BOARD TERM
Michele Barksdale	[REDACTED] Solon, Ohio 44139 P: [REDACTED] C: [REDACTED]	[REDACTED]	[REDACTED]		2012-2015
Jennifer Blaga	[REDACTED] Avon Lake, Ohio 44012 P: [REDACTED] C: [REDACTED]	Occupation: Director of Legal Recruiting McDonald Hopkins 600 Superior Avenue Suite 2100 Cleveland, Ohio 44114 P: 216-348-5705	jblaga@mcdonaldhopkins.com		2011-2014
Jane Burt	P.O. Box 68 Burton, Ohio 44021 P: [REDACTED] C: [REDACTED]		[REDACTED]		2013-2015
Ann D'Amico		Occupation: Attorney at Law Law Office of Michael J. Caticchio Macy House 6579 Wilson Mills Road Mayfield Village, Ohio 44143 P: 440-449-6229 F: 440-449-6504	amd@macyhouselaw.com		2011-2014
Cynthia Danko	[REDACTED] Mayfield Heights, Ohio 44124 P: [REDACTED]		[REDACTED]		2010-2013

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NAME	HOME INFO.	WORK INFO.	E-MAIL	OFFICE TERM	BOARD TERM
Beth Donaldson	[REDACTED] Concord, Ohio 44060 C: [REDACTED]	Occupation: Manager of Finance & Information Technology & Assistant Treasurer DeNora Tech, Inc. 100 7 th Avenue, Suite 300 Chardon, Ohio 44024	beth.donaldson@denora.com		2012-2015
Terri Drushel	[REDACTED] Shaker Heights, Ohio 44122 P: [REDACTED] C: [REDACTED]	Occupation: Client Executive, Vice President Hylant Group Commercial Lines 6000 Freedom Square, Suite 400 Cleveland, Ohio 44131 P: 216-674-2417 or 216-447-1050 F: 216-447-4088	Terri.drushel@hylant.com		2013-2015
Geno Gates	[REDACTED] Bainbridge, Ohio 44023 C: [REDACTED]	Occupation: President/Private Wealth Manager Onyx Wealth Management, LLC 2000 Auburn Drive, Suite 200 Beachwood, Ohio 44122 P: 216-378-7640 F: 216-378-7505	W: geno.gates@lpl.com H: [REDACTED]		2010-2013
Andy Kabat	[REDACTED] Cleveland, Ohio 44106 C: [REDACTED]	Occupation: Attorney and Equity Partner Haber & Polk, LLP Eaton Center 1111 Superior Avenue, Suite 620 Cleveland, Ohio 44114 P: 216-241-0700 F: 216-241-0739	akabat@haberpolk.com		2011-2014

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NAME	HOME INFO.	WORK INFO.	E-MAIL	OFFICE TERM	BOARD TERM
Betsy Keck	[REDACTED] University Heights, Ohio 44118 P: [REDACTED] C: [REDACTED]		[REDACTED]		2013-2015
Catherine A. Kroll	[REDACTED] Concord, Ohio 44077 P: [REDACTED] C: [REDACTED]	Occupation: Vice President of Risk Management DDR Corp. 3300 Enterprise Parkway Beachwood, Ohio 44122 P: 216-755-5561 F: 216-755-1561	ckroll@ddr.com		2011-2014
Jerry McCalmont	[REDACTED] Mentor, Ohio 44060 P: [REDACTED] C: [REDACTED]	Occupation: Vice-President, Commercial Lending Officer Lorain National Bank 2 Summit Park Drive, Suite 640 Independence, Ohio 44131 P: 216-520-7312 F: 216-520-1474	jmcclmont@4lhb.com		2013-2015
Susan Marston	[REDACTED] Hiram, Ohio 44234 P: [REDACTED] F: 330-569-3265	Occupation: MBE Business Development and Marketing Director	[REDACTED]		2013-2015
Kimberly Oliver	[REDACTED] Solon, Ohio 44139 P: [REDACTED] C: [REDACTED]		[REDACTED]		2011-2014
Lisa Ramage	[REDACTED] Chesterland, Ohio 44026 P: [REDACTED] C: [REDACTED]		[REDACTED]		2012-2014

WOMENSAFE, INC. BOARD OF TRUSTEES
12041 RAVENNA RD., CHARDON, OHIO 44024
PHONE: 440-286-7154 FAX: 440-286-1037
HTTP://WWW.WOMENSAFE.ORG

NAME	HOME INFO.	WORK INFO.	E-MAIL	OFFICE TERM	BOARD TERM
Susan Renda	[REDACTED] Moreland Hills, Ohio 44022 P: [REDACTED] C: [REDACTED]	Occupation: Mayor Village of Moreland Hills Village Hall 4350 S.O.M. Center Road Moreland Hills, Ohio 44022 P: 440-248-1188 F: 440-498-9588	[REDACTED]		2011-2014
Dr. Nancy Rodway	[REDACTED] Solon, Ohio 44139	Occupation: Physician 7956 Tyler Blvd. Mentor, Ohio 44060 C: 330-685-1501	Dr.N.Rodway@lakehealth.org		2012-2014
Patricia Schauer	[REDACTED] Hunting Valley, Ohio 44022 P: [REDACTED] C: [REDACTED]		[REDACTED]		2011-2014
Anita Siegal	[REDACTED] Gates Mill, Ohio 44040 P: [REDACTED] C: [REDACTED] F: 440-423-3460	Occupation: Speech-Language Pathologist PSI Affiliates, Inc. 2259 E. Enterprise Parkway Twinsburg, Ohio 44087 P: 330-425-8475	[REDACTED]		2013-2015
James Tierney II	[REDACTED] Chardon, Ohio 44024 P: [REDACTED] C: [REDACTED]	Occupation: Vice President, Secretary, and General Counsel Tremco, Inc. 3735 Green road Beachwood, Ohio 44122 P: 216-292-5156 F: 216-292-5059	jtierney@tremcoinc.com		2013-2015

WOMENSAFE, INC. BOARD OF TRUSTEES
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NAME	HOME INFO.	WORK INFO.	E-MAIL	OFFICE TERM	BOARD TERM
Angela Vodopivec	[REDACTED] Chardon, Ohio 44024 P: [REDACTED] C: [REDACTED]	Occupation: Assistant Vice President, Regional Manager Ohio Business Banking Charter One Bank 38115 Euclid Avenue Willoughby, Ohio 44094 P: 216-870-7024	avodopivec@ charteronebank.com		2013-2015
Sandy W. Waller	[REDACTED] Chesterland, Ohio 44026 C: [REDACTED]	Occupation: Interior Designer/Facilities Consultant Halcyon Design Inc.	[REDACTED]		2011-2014



Resources for Victims of Domestic Violence

12041 Ravenna Road • Chardon, Ohio 44024

Ph: 440-286-7154

Fax: 440-286-1037

COPELINE: 1-888-285-5665

August 27, 2013

Ohio Development Services Agency
Office of Community Development
Attn: Michael Hiller, Deputy Chief
77 South High Street, 24th Floor
Columbus, Ohio 43215-6130

Dear Mr. Hiller:

This letter is to inform you that WomenSafe, Inc. has a voluntary Board of Directors. All members are volunteers and receive no compensation for their services other than reimbursement for expenses.

If you should need any further information, please do not hesitate to contact me at 440-286-7154 ext. 222. We appreciate your support of this project.

Sincerely,

Shayna L. Jackson, MSSA, LISW-S
Executive Director



Resources for Victims of Domestic Violence
12041 Ravenna Road • Chardon, Ohio 44024

Ph: 440-286-7154

Fax: 440-286-1037

COPELINE: 1-888-285-5665

August 27, 2013

Attn: Michael Hiller, Deputy Chief
Ohio Development Services Agency
Office of Community Development
77 South Street, 24th Floor
Columbus, Ohio 43215-6130

Dear Mr. Hiller:

This letter is to inform you that the Board of Trustees of WomenSafe, Inc. authorizes the submission of the attached Homeless Crisis Response Program application to the Ohio Department of Development. The lack of affordable housing in Geauga County, particularly for domestic violence victims, is a long-standing concern for this agency. Many times, it is difficult for WomenSafe's clients to obtain housing in Geauga County since they are forced to begin their lives again with minimal economic resources.

Please contact me at 440-413-3472 if you need any further information pertaining to this proposal. We appreciate your support of our efforts to eliminate family violence in our community.

Sincerely,

Cristina Salminen
President, WomenSafe, Inc. Board of Trustees

WomenSafe is a domestic violence shelter and The Violence Against Women Act (VAWA) forbids Domestic violence shelters from participating in HMIS. WomenSafe cannot agree to enter data into HMIS. WomenSafe track the data in a comparable database and reports on the same data as agencies entering into HMIS.